Revised December 1974

## CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

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STATE DEPART	MENT OF HEALTH SFUND RECORDS CTR
RODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler) 999000693
Sick up Address: SISI A CDA AVE (CITY)	ASBURY OIL CO.  13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
P.O. or Contract No.:	Pick Up:
ype of Process which Produced Wastes:  (Examples: metal plating, equipment cleaning, oil drilling — CODE NO. wastewater treatment, pickling bath, petroleum refining)	Job No.: No. of Loads or Trips: Unit No  Vehicle: Vacuum truck Loo barrels, □ flatbed, □ other
DESCRIPTION OF WASTE (Must be filled by producer)	The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:  1. Acid solution 2. Alkaline solution 3. Pesticides 8. Tank bottom sediment 11. Contaminated soil and sand 12. Cannery waste 13. Latex waste	I certify (or declare) under penalty of perjury that the foregoing is true and correct.  SIGNATURE OF AUTHORIZED AGENT AND TYLE  DISPOSER OF WASTE (Must be filled by disposer)
4. Paint sludge 9. Oil 90 14. Mud and water 5. Solvent 10. Drilling mud 15. Brine	Name (print or type):  Site Address:  CODE NO.
Other (Specify) Components:	The hauler above delivered the described waste to this disposal facility and it was an acceptable
Examples: Hydrochloric acid, lime, caustic soda, Concentration:  shenolics, solvents (list), metals (list), Upper Lower % ppm proganics (list), cyanide)	Quantity measured at site (if applicable):State fee (if any):  Handling Method(s):
	recovery treatment (specify):  [EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION] CODE NO.  [Other (specify):  If waste is held for disposal elsewhere specify final location:  Disposal Date:  2 -6-29
Hazardous Properties of Waste:  pH toxic	I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Bulk Volume: gal tons (42 gal.) other (specify)	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers:   drums   cartons   bags   other   (specify)  Physical State:   solid   Sludge   other   (specify)	
Special Handling Instructions (if any):	
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (insplicable).  certify (or declare) under penalty of perjury hat the foregoing is true and correct.  SIGNATURE OF AUTHORIZED AGENT AND TITLE	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.  D.O.T. Proper Shipping Name